

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # A28248**

1. Entity Name  
**EUROFUND CRESCENT LAKE, LTD.**



FILED

03 JAN 21 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**958 SPYGLASS LN.  
NAPLES FL 34102**

Mailing Address  
**P.O. BOX 11452  
NAPLES FL 34101**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2942987**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOODWARD, MARK J  
WOODWARD, PIRES, ANDERSON & LOMBARDO, P.A.  
606 BALD EAGLE DR., STE. 640  
NAPLES FL 33963**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$556,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000030044**  
NAME **S & B BELINVESTS, INC.**  
STREET ADDRESS **PO BOX 11452**  
CITY-ST-ZIP **NAPLES FL 34101**

STREET ADDRESS

CITY-ST-ZIP

**600010403306  
01/21/03-01108-023 \*\*526.25**

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**  
**STEPHAN B. BUECHNER, PRESIDENT GP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1-17-03**

Date

**239-450-3505**  
Daytime Phone #

CR2E003 (10/02)